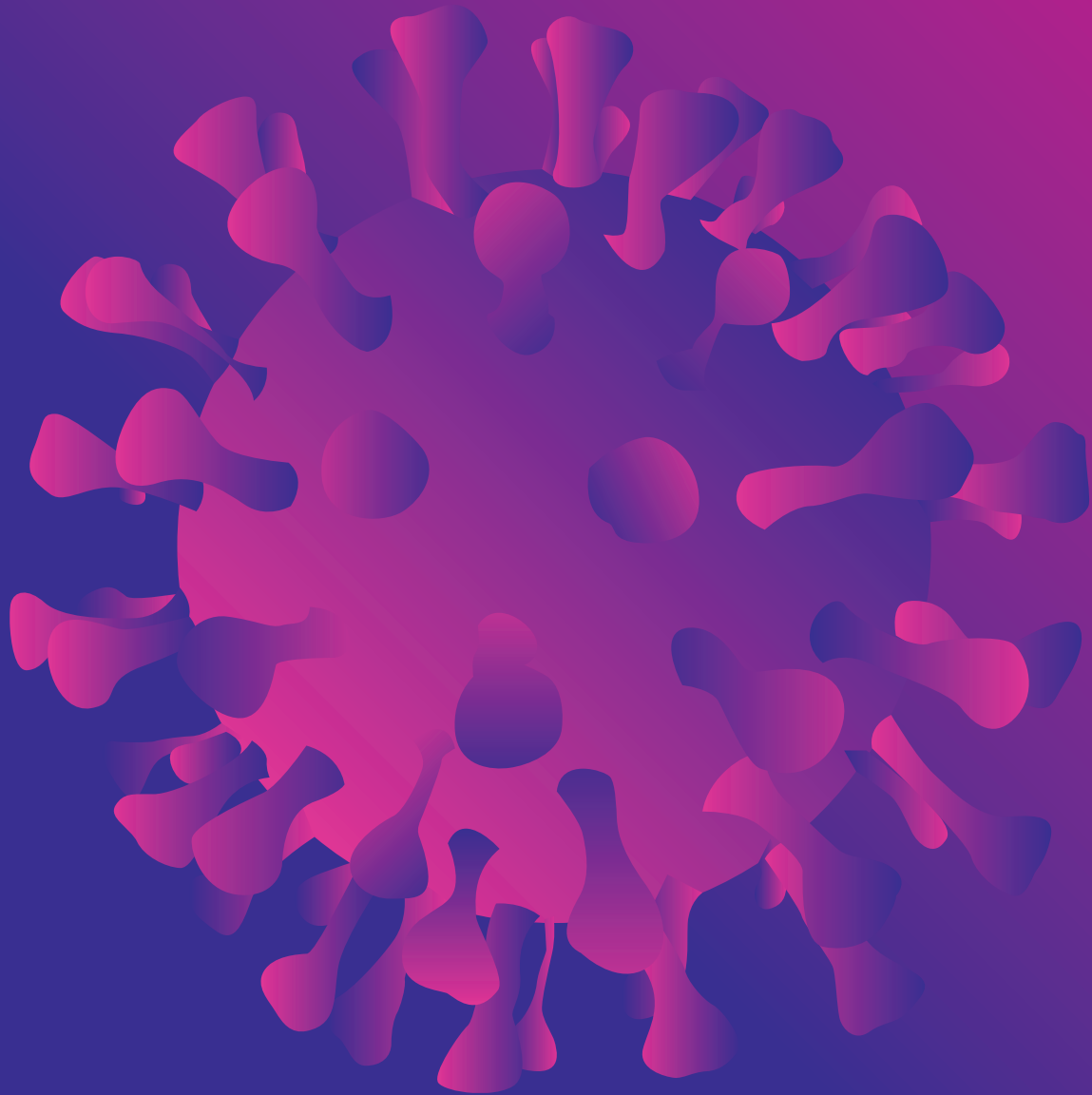# What will healthcare plans face after the pandemic?

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What will healthcare plans face after the pandemic?

How to manage the ensuing post-pandemic tidal wave of unmanaged care and high-cost claimants

As employers continue to navigate the effects of the 2020 SARS CoV-2 Coronavirus, they are simultaneously contemplating the aftereffects of this virus in the post-pandemic world. In the United States, we have learned some important lessons in the past eight months. As in times of war, the medical sciences benefit from the chaos and unpreparedness that we face during a pandemic. Customary policies and procedures are scrutinized. Research and development are thrust into overdrive, often producing life-saving measures, with the promise of modifying our practice and treatment for the benefit of the individual patient, and potentially entire populations.

This year, much attention was devoted to medical advancement including emergency authorizations and regulations to enhance our efforts in delivering care. This included:

- Leveraging telemedicine practices across a greater geographic area

- Reviewing care provided in-home versus in a skilled nursing facility

- Analyzing drug affordability

- Evaluating access to care

- Coming to the realization that America should be manufacturing medications, laboratory testing, and PPE

- Reconsidering the urgency of emergency healthcare preparedness

- Embracing technology to monitor biometrics and lifestyle

- Contemplating advancing mid-level practitioners to assume a greater role in providing primary care

We became mindful of the social determinants of health, including race and economic disparities, and rural access to care issues. We also appreciated how easy it is to overburden the healthcare system. While all of these introspections and enhancements are a spark for growth and change, there is recognition that the lack of attention to preventive healthcare and existing disease management is also quickly becoming a major concern.
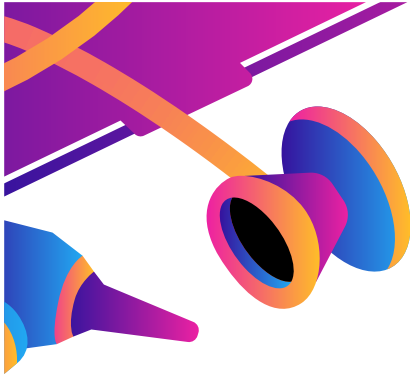
## An "epidemic" of postponed care and screenings

During the height of the COVID-19 pandemic, many patients did not receive appropriate preventive care or treatment for chronic conditions; this may have contributed to both COVID-19 and non-COVID 19-related deaths. A Kaiser Family Foundation poll found that 48% of Americans said they or a family member had skipped or delayed medical care because of the pandemic, and 11% of them said the person's condition worsened as a result of the delayed care.[1]

Continued measures to restrict the spread of the virus have led to disruptions and delays in preventive care, where a missed or delayed diagnosis will likely result in poorer clinical outcomes; we know this, but still, during the pandemic, preventive care appointments, screenings, and rates of cancer diagnosis have plummeted. A study by Epic Research in May, 2020 saw a 94% decline in breast and cervical screenings and an 86% decline in colon cancer screenings following the onset of the pandemic. It's now projected that an excess of 10,000 deaths from these cancers will occur as a result. If the trend continues, the data suggests that many cancer cases could go undiagnosed or be diagnosed at a later stage with a poorer prognosis.[2]
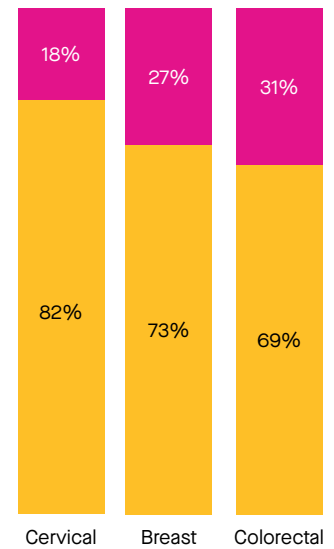
Screenings for serious health conditions save lives, reduce treatment recovery times, and lower healthcare costs by improving the efficacy of treatments. They may also improve workplace productivity if early detection helps avoid disability leaves. Unfortunately, screening gaps exist for several conditions with recognized, clinical evidence-based recommendations, and the COVID-19 pandemic has created additional barriers to obtain these screenings. The graph below shows that despite the advantages of screening to patients, payers, and employers—as well as the affordability of tests for patients—not everyone was complying with recommended screenings for chronic health conditions prior to the pandemic.[3]

Pre-pandemic screening gaps

Chronic conditions

	Screened as recommended	Screened gap
Blood pressure	93%	7%
Diabetes	63%	37%
Obesity	49%	51%
Depression	9%	91%
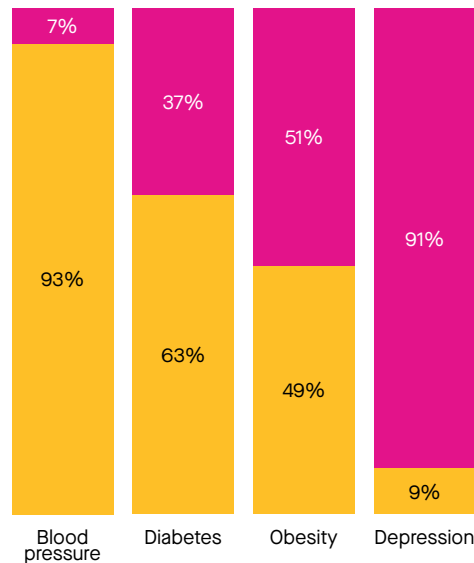
Cancers

	Screened as recommended	Screened gap
Cervical	82%	18%
Breast	73%	27%
Colorectal	69%	31%

Screened as recommended • Screened gap

Closing the gaps and boosting workforce health

Employers can help drive the focus back to preventive care and take charge in ensuring chronic conditions are being managed to avoid the inevitable catastrophic healthcare consequences that could follow without intervention. Closing screening gaps and attending to chronic condition management represents an opportunity to substantially improve workforce health and productivity. Employers can encourage employees to undergo routine, medically recommended screening by identifying at-risk employees, raising awareness of testing, improving access to care, and reducing barriers to testing. By focusing on members where intervention can yield a change in future cost, utilization, and outcomes employers may be able to reduce future costs for high-cost claimants.

To help close the gaps in screening and avert further unmanaged care consequences, employers should consider the following:

1. Mine health claims data to identify high-risk employees for priority screening programs, target specific chronic conditions, and design proactive solutions ensuring individuals get needed care.

2. Have a plan for ensuring that employees who screen positive for a condition are provided with meaningful follow-up and opportunities to obtain and adhere to treatment.

3. Raise employee awareness through tailored communications that provide age-appropriate screening information. Emphasize the valuable cost and access options, while delivering the message with empathy and concern.

4. Use care management programs that incorporate clinical teams to address individuals' medical, behavioral, and psychosocial needs. As the current pandemic has shown, health needs do not disappear even when disruptions and barriers arise.

5. Prepare alternative options to ensure care can continuously be accessed (this should be incorporated into every company's business continuity plan). Options can include in-home alternatives, telehealth services, etc.

6. Work with your health benefits provider to reduce financial barriers to screenings when possible, such as virtual office visits with an established provider for consults that do not require physical exams or concurrent procedures.

7. Create workplace policies that specifically allow employees to take time off for preventive care.

8. Leverage relationships with on-site or nearby clinics to provide employees with routine screening and convenient, high-quality testing without necessitating extensive time off.

9. Provide on-demand virtual urgent care as an alternative to lower-acuity emergency department visits, urgent care visits, and after-hours consultations.

10. Ensure that high cost claimants are being properly managed. Care management clinicians can help facilitate care and resources to high cost claimants. Early identification, effective outreach, and creating processes that promote communication between employer-sponsored programs is key.

Planning is critical

The COVID-19 pandemic has brought back into the forefront the importance of the mental and physical health of the employee population. Delays in care and screenings will have a long-lasting implication on the quality of life, cost of care, and productivity of the workforce. Employers should be aware of the potential impact of this tidal wave of unmanaged healthcare in the post-pandemic era and should consider planning a strategic protection initiative to combat the potential untoward, catastrophic effects.

Learn more

This health brief on the clinical topics and innovations surrounding the SARS-CoVD-2 virus and COVID-19 disease was prepared by Buck's Health Intelligence team.

For more information, contact us at **866 355 6647** or **talktous@buck.com**.

Jeanne Griffin, RN, MPH
Principal, Health Intelligence Practice Lead
239 206 0143
jeanne.griffin@buck.com

Candace Shelton, RN
Director, Health Intelligence Practice
312 515 1476
candace.shelton@buck.com

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